

Work Order ID 105442

105442

August-06-13 8:01:08 AM

D 3 8 3 3 - 7

Item ID: D3833-7

105442

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Mesh (Lid End)

Stop *NS2*

Start Date: 8/06/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 8/13/13 Req'd Qty: 10.00

10 *18*

Customer:

Reference:

Approvals: Process Plan: M5

Date: 13-08-06 Tooling:

Date:

Run Start

NR1

QC: _____

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3833	B
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100 *100* FLOW WATER JET 18 0 Ae 13.08.06
Waterjet Memo 0.00

FLOW CNC Waterjet 1-Cut as per Dwg D3833
Dwg Rev: B

Prog Rev: B

2-Deburr if necessary

110 QC2- Inspect parts off machine FAI/FAIB 0.00

110 QC 18 0 Ae 13.08.06
Quality Control Memo 0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS														
Part No. _____	Work Order Update	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification		QC Inspector							
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
FAULT CATEGORY																			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

Work Order ID 105442

August-06-13 8:01:08 AM

105442

Page 2

Item ID: D3833-7

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Mesh (Lid End)

Stop

NS2

Start Date: 8/06/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 8/13/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC8- Inspect parts - second check

0.00

DAJ

120

QC

Memo

0.00

(8) 13-08-06

09
9-80

Quality Control

130

Identify as per dwg & Stock Location: WA 4

0.00

Cpl 13-08-06

130

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

MFG 13-08-29

140

QC

Memo

0.00

Quality Control

MF
B-8-29

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
Setup	<input type="checkbox"/>										
Other	<input type="checkbox"/>										
Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear			General								
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge					
						<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled					
						<input type="checkbox"/> Other					

Picklist Print

August-06-13 8:01:13 AM

Page 1

Work Order ID: 105442

105442
D3833-7

Parent Item: D3833-7

Parent Item Name: Mesh (Lid End)

Start Date: 8/06/13

Required Date: 8/13/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.07.27 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M304EX0.75-16F Purchased No 100 sf 1,718.714 0.803 8.452632

M304FX0 75-16F

Expanded Metal Flat SS

**

15.6

13.08.06

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT	176.2791180	
125113	176.279118	
WA	209	
125457	209	
WA007	1333.43508	
123448	10.96	
125457	4.691526	
125605	480	
M126052	90.02608	
M126134	427.757474	
M126500	320	
		126134

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update		Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube <input type="checkbox"/>	General									
	<input type="checkbox"/> Bend	<input type="checkbox"/> General	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure						
	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld						
	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled						
	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved							
	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong							
	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other						
	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset								
	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration								
	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence								
	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions								

DART AEROSPACE LTD	Work Order:	10544Z
Description: Mesh, Lid End	Part Number:	D3833-7
Inspection Dwg: D3833	Rev: B	Page 1 of 1

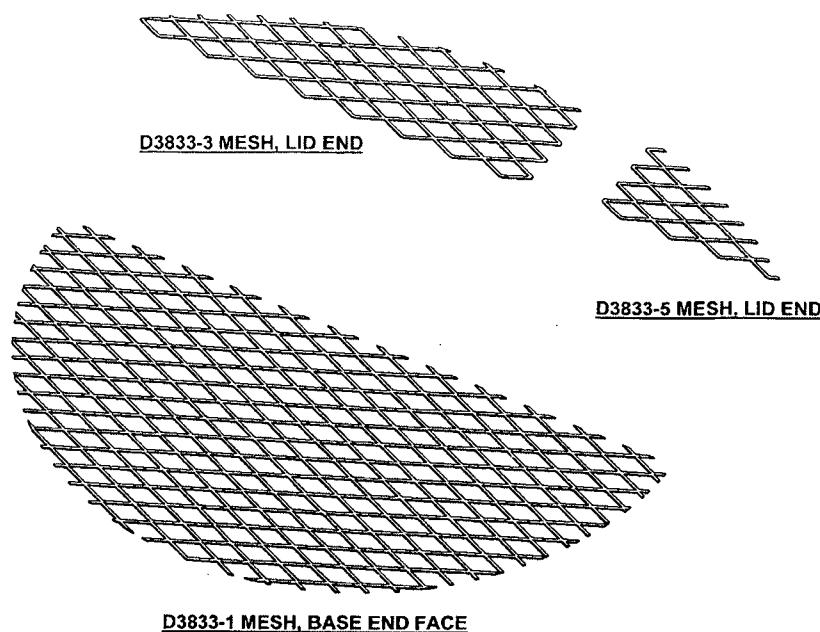
FIRST ARTICLE INSPECTION CHECKLIST

DA

Measured by: <u>AK</u>	Audited by: <u>09</u> <u>89</u>	Preliminary Approval:
Date: <u>13.08.06</u>	Date: <u>13.08.06</u>	Date:

Rev	Date	Change	Revised by	Approved
A	12.09.26	New Issue	KJ	<i>[Signature]</i>

D



C

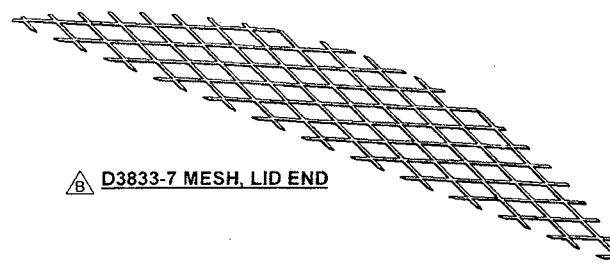
B

A

NOTES:

- 1) MATERIAL: AISI 304/316 EXPANDED STAINLESS STEEL MESH, 3/4-16F
REF. DART SPEC. M304EX0.75-16F
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: D3833-1 = 0.30 lbs; D3833-3 = 0.22 lbs; D3833-5 = 0.06 lbs; D3833-7 = 0.30 lbs

8 7 6 5 4 3 2 1



D3833-7 MESH, LID END

105442 ML5

13-08-06

RELEASED
2012-07-16
MM

B	ADD D3833-7. REASON: PAR10-50.	MB	12.05.30
A	NEW ISSUE	MB	08.09.23
REV.	DESCRIPTION	BY	DATE
DESIGN	DART AEROSPACE LTD		
DRAWN	HAWKESBURY, ONTARIO, CANADA		
CHECKED	REV. B		
MFG. APPR.	DRAWING NO. D3833		
APPROVED	SHEET 1 OF 2		
DE APPR.	TITLE MESH, BASKET END		
DATE 12.05.30	SCALE NTS		
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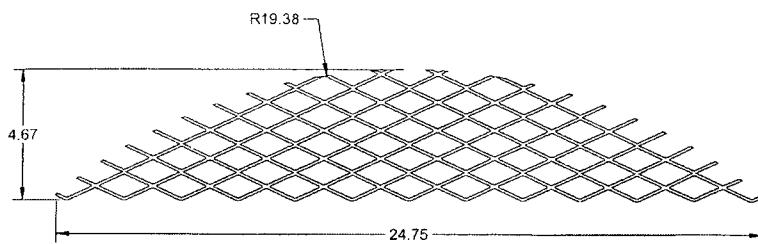
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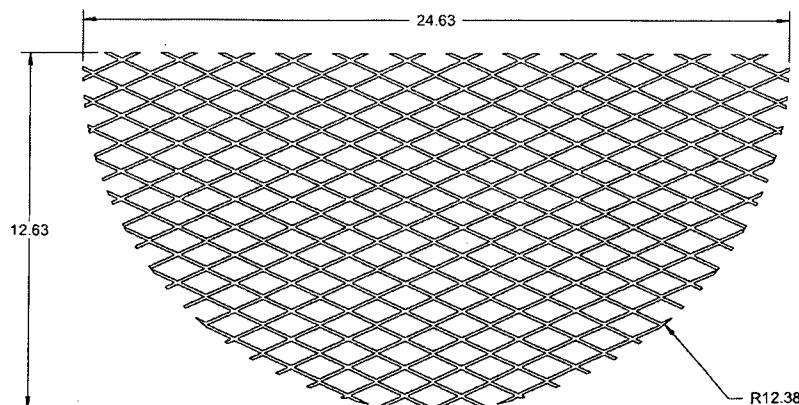
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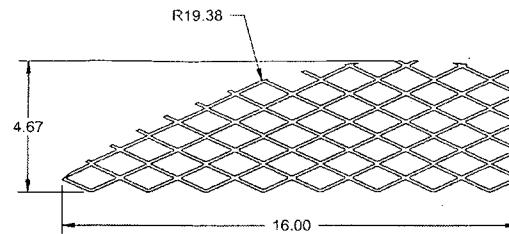
105442



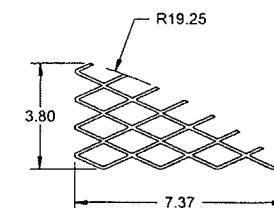
D3833-7 MESH, LID END



D3833-1 MESH, BASE END FACE



D3833-3 MESH, LID END



D3833-5 MESH, LID END

RELEASED
2012-07-16
JWP

DESIGN	16	DART AEROSPACE LTD	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		REV. B	
MFG. APPR.		D3833	
APPROVED		SHEET 2 OF 2	
DE APPR.		TITLE	NTS
DATE	12.05.30	MESH, BASKET END	

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